

HOUSE BILL No. 1401

DIGEST OF INTRODUCED BILL

Citations Affected: IC 35-43-5-7.1.

Synopsis: Medicaid fraud. Expands the crime of Medicaid fraud to include knowingly or intentionally making, uttering, presenting, or causing to be presented a Medicaid claim that is false, incomplete, or misleading.

Effective: July 1, 2015.

Washburne

January 14, 2015, read first time and referred to Committee on Courts and Criminal Code.



First Regular Session of the 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

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A BILL FOR AN ACT to amend the Indiana Code concerning criminal law and procedure.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 35-43-5-7.1, AS AMENDED BY P.L.158-2013,
2 SECTION 480, IS AMENDED TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2015]: Sec. 7.1. (a) Except as provided in
4 subsection (b), a person who knowingly or intentionally:
5 (1) ~~files a Medicaid claim; including an electronic claim; in~~
6 ~~violation of IC 12-15;~~ **makes, utters, presents, or causes to be**
7 **presented directly or indirectly to the Medicaid program a**
8 **Medicaid claim that contains false, incomplete, or misleading**
9 **information concerning the claim;**
10 (2) obtains payment from the Medicaid program under IC 12-15
11 by means of a false or misleading oral or written statement or
12 other fraudulent means;
13 (3) acquires a provider number under the Medicaid program
14 except as authorized by law;
15 (4) alters with the intent to defraud or falsifies documents or



1 records of a provider (as defined in 42 CFR 1000.30) that are
2 required to be kept under the Medicaid program; or
3 (5) conceals information for the purpose of applying for or
4 receiving unauthorized payments from the Medicaid program;
5 commits Medicaid fraud, a Class A misdemeanor.
6 (b) The offense described in subsection (a) is:
7 (1) a Level 6 felony if the fair market value of the offense is at
8 least seven hundred fifty dollars (\$750) and less than fifty
9 thousand dollars (\$50,000); and
10 (2) a Level 5 felony if the fair market value of the offense is at
11 least fifty thousand dollars (\$50,000).

